



CDYSL Report of Violation of Zero Tolerance Policy

CDYSL Game # _____ Or Tournament _____
Date _____ Time _____
Age/Gender _____ Division _____
Home Team _____ Visiting Team _____ Final Score H _____ A _____

Person(s) Being Reported of Violating Policy

Zero Tolerance Policy Violation Report

Game # _____

Date _____

Time _____

Age _____

Home Team _____

Away Team _____

Person Reporting Violation

Referee Coach / Team Official Club Officer Other _____ explain

Name _____

Home Phone _____

Email _____

Cell Phone _____

Club _____

Daytime Phone _____

Team / Club Role _____

Team Name _____

Team Age & Gender _____

Other Witnesses / Persons with Knowledge that should be contacted

Person	Description of role	Contact Information (Phone # / Email)
<i>Examples</i> John Doe or Hornets Coach	<i>Examples</i> Saw the incident or Was told by the players	

Description of Incident(s)

** Please use additional pages and attach if necessary.*